

## **Section I: PARENT INVOLVEMENT**

While the first recommendation stands alone, parental involvement is addressed throughout the plan. This reflects the importance of family involvement in each child's treatment plan and the policies that are developed in implementing a community based system of care.

### **FINANCIAL STATEMENT:**

Some of this recommendation can be accomplished within existing resources, which include current staff and funding sources. With the use of existing resources it is important to make sure that the recommendation is not met at the expense or detriment of other programs or service provision. The development and printing of the common publication, identification and inclusion of family representatives on the various advisory boards, identification of training opportunities, and a family satisfaction survey can be accomplished through existing resources and contracts.

DHW currently contracts with the Idaho Federation of Families using both general fund dollars and federal funds. Other activities, such as parent stipends or honoraria, contracts for training or development of satellite offices throughout the state for advocacy organizations will require additional funds.

### **Recommendation 1.**

**Parents of children with serious emotional disturbances and children old enough to participate must be part of all system planning, decision-making, management, training, and evaluation. (*Priority 1*)**

### **Background/ Framework for Implementation:**

A key to meaningful participation by parents and children with a serious emotional disturbance is a shared knowledge and understanding about the service delivery system. The action items below are designed to 1) give parents access to information regarding services as well as their options, rights and responsibilities when they enter systems through any door; 2) create opportunities for staff to learn from parents of children with SED and children who are old enough to participate, about the complex challenges and untapped resources of families of children with SED; and 3) give parents of children with SED, youth themselves and their siblings opportunities to serve on advisory councils serving children and families, and to give input into the development of an integrated system of service delivery.

Parent organizations provide an important mechanism for supporting and encouraging family involvement with the agency systems serving their children. Currently, the Department of Health and Welfare contracts with the Idaho Federation of Families to identify and recommend parent representatives for state and regional advisory boards and to provide parental input on children's mental health services and policies. Parents of children with SED currently serve on the State Planning Council on Mental Health and on regional mental health advisory boards as well as on the Needs Assessment Executive Committee.

Many State Department of Education (SDE) boards have parent representatives. These advisory boards address issues broader than SED and the parents serving on them may or may not have a child with SED.

The DJC Advisory Board's primary mission is to advise DJC and the Governor regarding overall DJC operations, not regarding individuals within DJC custody. Parent advocacy groups may address the DJC Advisory Board about "big picture" issues, but there is no current plan to place parent advocates on that council. However, as explained below, DJC will be creating citizen advisory boards for each of its three regional facilities, and parent advocate members may be appropriately placed on these boards. Furthermore, and perhaps of most benefit to parents of youths placed in DJC custody, parents are consulted concerning placement of their children and are asked to be included in staffings of their children.

Another mechanism for gaining valuable parent input into services provided is the use of family satisfaction surveys. The Idaho Federation for Families has developed a family satisfaction survey through a contract with DHW. This survey is currently being used in the three demonstration sites to enable parents to comment on services they have received through publicly funded mental health services.

**Priority Action Items and Timelines:**

- A** By October 1, 2001, the newly established Idaho Council for Children's Mental Health (ICCMH) will develop a common publication for families that provides an overview of the services available, family and agency rights and responsibilities, and contact persons and phone numbers for each agency and key community organizations, including parent advocacy organizations. The brochure will include a client/system flow chart and will include information about the local councils described below. DHW will assist with publication, design and printing. The publication will be updated annually or as needed. Each region will have a 24-hour phone number for children's mental health services that will be listed in this publication.
- B** By July 1, 2001, and annually thereafter, DHW, County Probation, schools districts and DJC will identify staff training opportunities for family members of children with SED to present information regarding SED issues, resources available, family support services and family involvement. The FACs academy is one such possible opportunity for families to present to staff on issues surrounding children with SED.
- C** By May 1, 2001, SDE, DHW and DJC will identify all their advisory boards and councils serving children with SED and their families. They will identify barriers and structural changes within the agencies that are needed in order to increase families' participation on the appropriate boards or councils. Child and family serving boards that can currently accommodate these families and children will be asked to add such members to their board. Those that cannot accommodate family members will be asked to identify mechanisms for assuring that families of children with SED have input to the board/council on issues regarding children's mental health services. By

July 1, 2001, each agency will report to the Idaho Council on Children's Mental Health, the number of boards/councils that currently have parents of children with SED or have added parent/child positions to their membership and other mechanisms for family members to provide input. DJC will be creating citizen advisory boards for each of its three regional facilities to serve the needs of committed juveniles with SED, and parent representatives will be included on those boards.

- D** By June 1, 2001, a family satisfaction survey will be developed and available for use by all agencies serving children with SED. The survey will provide families the opportunity to evaluate the services they have received and their involvement in planning, decision making and management of their child's care. Copies of the survey and/or results will be provided to the agency in order to track and monitor customer service issues that reoccur. The survey will be available to all families [requesting or] receiving services.
- E** By September 1, 2001, DHW, DJC, and SDE will work with the State Planning Council on Mental Health's subcommittee on Jeff D. and parent representatives to develop ways of facilitating parental/family membership on advisory boards. Such methods of facilitation may include stipends, honoraria, scheduling meetings on weekends or evenings, or the provision of appropriate daycare. DJC is going to contract with the Federation of Families to develop a family satisfaction survey.
- F** By September 1, 2001, DHW, DJC, SDE, and a parent advocacy group that serves children with mental emotional behavior disorders will each develop methods of providing training to the parent representatives for their service on the various advisory boards and councils.
- G** This recommendation also coincides with the action items under recommendation 3, which discusses the development by the state level council of a communications plan.

**Desired Result:**

Parents, siblings and children with SED who are old enough to participate, have a voice in shaping the child's individual plan and have opportunities to participate in the development, implementation and evaluation of an integrated system of care.